

DEPARTMENT OF AGING

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**MSSP ADVISORY AND GUIDANCE LETTER – 09-01**

DATE: December 16, 2009
TO: Multipurpose Senior Services Program Site Directors
FROM: Mary Sibbett, Operations Manager *MSB*
SUBJECT: Change of Address Procedure for MSSP Sites

Purpose

To provide administrative guidance on timely notification of relocation/change of address.

References

Special Terms and Conditions – Exhibit D, Article XVII. Notices; Provider Enrollment Regulations, CCR, Title 22, Division 3, 51000.35, Disclosure Requirements.

Background

Several MSSP sites relocated in Fiscal Year (FY) 2008-09; however, CDA was never notified of the relocation. Unfortunately, this resulted in the deactivation by Department of Health Care Services (DHCS) of the site's legacy number which caused a suspension in billing by Electronic Data System (EDS).

The CDA Standard Agreement and DHCS Medi-Cal regulations requires MSSP sites to notify the MSSP Branch Chief, in writing, of the relocation within 35 days.

Clarification of Procedures

To ensure timely notification of the site's relocation to CDA, DHCS and EDS, and because MSSP provider numbers (legacy) are atypical, sites must follow the process outlined below.

Within 35 days of the relocation, MSSP providers must notify CDA of their change of location. This notice must be on agency letter head and addressed to the MSSP Branch Chief. Upon receipt, CDA will request DHCS Provider Enrollment Division (PED) to update the EDS billing system.



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MSSP providers must submit a change of address whenever a change occurs to:

- **5.1000.3 Business Address** – means the location where an applicant or provider provides services, goods, supplies, or merchandise, directly or indirectly to a Medi-Cal beneficiary. A post office box or commercial box is not a business address:
- **5.1000.11 Mailing Address** – the address at which the provider wishes to receive general program correspondence, such as bulletin articles and Provider Manual updates.
- **5.1000.14 Pay to Address** – means the address at which the applicant or provider wishes to receive payment for the provision of healthcare services, equipment or supplies to Medi-Cal beneficiaries.

If you have any questions, please contact your assigned analyst.

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